



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246

Indianapolis, IN 46204-2739

http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

14-12-12

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of applicant	Title
Lisa Yacubu	Security Engineer-Global Security
Name of organization	Telephone number
Walmart Stores, Inc. - Security Technology	(479) 204-1382
Address (number and street, city, state, and ZIP code)	
1106 S.E. 5 th Street (M/S 0610) Bentonville, AR 72716-0610	

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant	Title
Tammy England	Security Systems Designer/Owner
Name of organization	Telephone number
Same as above	(479) 277-4010
Address (number and street, city, state, and ZIP code)	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Name of organization	Telephone number
	()
Address (number and street, city, state, and ZIP code)	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Walmart Supercenter #2818	374381	Lake
Address of site (number and street, city, state, and ZIP code)		
1828 165 th Street, Hammond, IN		
Type of project		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing		

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- ☐ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ☐ Written documentation showing that the local fire official has received a copy of the variance application.
- ☐ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?

☐ Yes (If yes, attach a copy of the Correction Order.) ☒ No

Has a violation been issued?

☐ Yes (If yes, attach a copy of the Violation and answer the following.) ☒ No

Violation issued by:

☐ Local Building Department ☐ State Fire and Building Code Enforcement Section ☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2002 NFPA 72

Specific code section

Section 7.5.4

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)

Ceiling mounted fire alarm notification appliances throughout the structure is required. This is due to the height of the merchandise shelving in the store. Placing notification appliances on the ceiling make them more readily visible from the sales floor. We are, therefore, requesting variance to allow them to remain ceiling mounted.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

ADA Equivalent Facilitation allows a variance in design that is equal to, or exceeds, the requirement. Ceiling mounted visual devices are more visible in the retail environment than wall mounted devices. Thereby, would not be adverse to the public health, safety or welfare.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
- ☒ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.
- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- ☐ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

Please print name

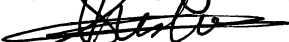
Date of signature (*month, day, year*)

Tammy England

10/22/14

Signature of design professional (if applicable)

Please print name

Date of signature (*month, day, year*)

Lisa Yacubu

10/22/14

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

Please print name

Date of signature (*month, day, year*)

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at <http://www.in.gov/dhs/2650.htm>.
This on-line filing is through a secure site, you can use it to submit your project information, pay the fees and upload your project plans.
Use Internet Browser to View this report, other browsers are not compatible to view this report



CONSTRUCTION DESIGN RELEASE

State Form 41191 (R9/5-98)

Report Printed on: October 22, 2014

Indiana Department of Homeland Security
DIVISION OF FIRE & BUILDING SAFETY
PLAN REVIEW DIVISION
402 W. Washington St., Room E245
Indianapolis, IN 46204



Available At Your Local Licence Branch
SUPPORT HOOSIER SAFETY

To: Owner / Architect / Engineer
Telgian

Ray Dotts 85895
14500 Sheldon Road
Ste 120

Plymouth MI 48170

Fax & e-mail: 7347381112, rdotts@telgian.com

Project number 374381		Release date 10/22/14
Construction type *SEE BELOW	Occupancy classification *SEE BELOW	
Scope of release FA		
Type of release Standard		
Project name Store 2818 Walmart		
Street address 1828 165th Street		
City Hammond	County LAKE	

The plans, specifications and application submitted for the above referenced project have been reviewed for compliance with the applicable rules of the Fire Prevention and Building Safety Commission. The project is released for construction subject to, but not necessarily limited to, the conditions listed below. THIS IS NOT A BUILDING PERMIT. All required local permits and licenses must be obtained prior to beginning construction work. All construction work must be in full compliance with all applicable State rules. Any changes in the released plans and/or specifications must be filed with and released by this Office before any work is altered. This release may be suspended or revoked if it is determined to be issued in error, in violation of any rules of the Commission or if it is based on incorrect or insufficient information. This release shall expire by limitation, and become null and void, if the work authorized is not commenced within one (1) year from the above date.

CONDITIONS:

Note :(A1A & A1B): In accordance with the affidavit sworn under penalties of perjury in the application for construction design release the plans and specifications filed in conjunction with this project shall comply with all of the applicable rules and laws of Fire Prevention and Building Safety Commission. Providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine up to \$10,000.

In accordance with Section 19 of the General Administrative Rules (675 IAC 12-6-19) a complete set of plans and specifications that conform exactly to the design that was released by the office of the state building commissioner shall be maintained on the construction jobsite as well as a copy of the design release.

*Fire alarm

8B0907A1 The fire alarm system shall be designed as specified in Section 907, IFC (675 IAC 22-2.3) and N.F.P.A. 72 (675 IAC 22-2.2-17) in accordance with Section 907, IBC (675 IAC 13-2.5).

8W0907A3 A satisfactory test of the Fire Alarm system shall be made. All functions of the system or alteration shall be tested in accordance with Section 907.17, IFC (675 IAC 22-2.4).

Please be advised that if an administrative review of this action is desired, a written petition for review must be filed at the above address with the Fire Prevention and Building Safety Commission identifying the matter for which a review is sought no later than eighteen (18) days from the above stated date, unless the eighteenth day falls on a Saturday, a Sunday, a legal holiday under State statute, or a day in which the Department of Fire and Building Services is closed during normal business hours. In the latter case, the filing deadline will be the first working day thereafter. If you choose to petition, and the before-mentioned procedures are followed, your petition for review will be granted, and an administrative proceeding will be conducted by an administrative law judge of the Fire Prevention and Building Safety Commission. If a petition for review is not filed, this Order will be final, and you must comply with its requirements.

Code review official TONY BRADSHAW
tbradshaw@dhs.in.gov

Director, Division of Fire and Building Safety

Address (name, title of local official, street, city, state and ZIP code)

BUILDING COMMISSIONER

Kurt Koch

5925 CALUMET AVENUE
HAMMOND, IN 46320

219-853-4317

Fax & e-mail: 2198536543, kochk@gohammond.com